

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-041920

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 55 Primary Registration District No. 3011 Registrar's No. 150

STATE FILE NUMBER

FILED DEC 10 1962

1. PLACE OF DEATH

a. COUNTY

Carroll

b. CITY (If outside corporate limits, give TOWNSHIP only)

Carrollton

Length of stay in lb

55 yrs.

c. FULL NAME OF (If NOT in hospital, give location)

Carroll Co. Memorial

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Carroll

Inside Limits

Yes ☒ No ☐

c. CITY

Carrollton

OR TOWN

Reside on Farm

Yes ☐ No ☒

d. STREET ADDRESS

305 W.4 th. Circle Drive

3. NAME OF DECEASED

(Type or print)

ORIN

First

D.

WADDILL

Last

4. DATE OF DEATH

Month

Day

Year

Dec.

1

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11/29/1902

9. AGE (last birthday)

60

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Teacher

10b. KIND OF BUSINESS OR INDUSTRY

School

11. BIRTHPLACE (City and state or country)

Queen City, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Robert H. Waddill

13b. MOTHER'S MAIDEN NAME

Frances King Stewart

14. NAME OF HUSBAND OR WIFE

Elizabeth P. Waddill

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Orin Waddill, Carrollton, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Insufficiency

INTERVAL BETWEEN ONSET AND DEATH

4 MO

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Myocardial Infarction

4 MO

Coronary Sclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at 8:45 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

111 N Folger Carrollton

22c. DATE SIGNED

12-4-62

23a. BURIAL, CREMATION REMOVAL (Specify)

Burial

23b. DATE

12/3/1962

23c. NAME OF CEMETERY OR CREMATORY

Carroll Memory Gardens

23d. LOCATION (City, town, or county)

Carrollton

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Gibson Funeral Home, Carrollton, Mo.

25. DATE RECD. BY LOCAL REG.

12-4-62

26. REGISTRAR'S SIGNATURE

Rid Ann Calvert Thill Moon

DEC 11 1962

JAN 3 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.